

Supplementary File 3. Consent form signed by participants.

Participant Consent and Signature

Taking part in this study is entirely your choice. You have the right to refuse to participate in this study. If you decide to participate, you may choose to end the study at any given time without providing a reason and without any impact on your access to services from this clinic.

Signature on this consent form means:

- I have read and understood the information on this consent form.
- I have had enough time to think about the information provided.
- I have been able to ask for advice if needed.
- I have been able to ask questions and have the satisfactory responses to my questions.
- I understand that all of the information collected will be kept confidential and that the results will only be used for scientific purposes.
- I understand that my participation in this study is voluntary.
- I understand that I am completely free at any time to refuse to participate or to withdraw from this study at any time, and that this will not change the quality of care that I receive.
- I understand that I am not waiving any of my legal rights as a result of signing this consent form.
- I understand that there is no guarantee that this study will provide any benefits to me.

Participant Signature

Date

Printed Name